| , | | Application or Docket Number | | | | | | |
|---|--------------------------------------|------------------------------------|--------------------------------|-------------------|------------------------|---------|-------------------|------------------------|
| PATENT APP | CORD | 10823533 | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | ENTITY | OR | | R THAN ENTITY |
| TOTAL CLAIMS | | 12 | | RAT | E FEE | 7 | RATE | FEE |
| FOR | | IMBER FILED | NUMBER EXTRA | BASIC | FEE 385.00 | OR | BASIC FE | 770.00 |
| TOTAL CHARGEABLE CLAIMS | | 2 minus 20= | • 12 | XS 9 | | OR | X\$18= | 294 |
| INDEPENDENT CLAIMS | | minus 3 • | - | X43 | | OR | X86- | |
| MULTIPLE DEPENDEN | T CLAIM PRESE | ESENT 🔲 | | 1145 | _ | 1 | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | OR | TOTAL | 1166 |
| /////a /CLAIMS AS AMENDED - PART II | | | | | <u> </u> | Jon | OTHER | |
| 9/19/04 (Column 1) (Column 2) (Column 3) | | | | | L ENTITY | OR | SMALL | |
| ∢ RE | AAIMS MAINING AFTER ENDMENT | HIGHE NUME PREVIO PAID F | BER PRESENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • Independent • | Hanus | MAO | | · XS 9 | | OR | X\$18= | |
| Independent • | Minus | 11-1 | | X43= | | OR | X86≃ | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | OR | +290= | |
| | | • | | +1450 | <u>.</u> | 00 | TOTAL | |
| (Column 1)(Column 2) {Column 3} | | | | | £ | Jon , | VOOIT. FEE | |
| a REI | LAIMS MAINING FTER NDMENT | HIGHE NUMB PREVIOL PAID F | ST ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | PATE | ADDI- TIONAL FEE |
| AME Total - Independent - | Minus | | • | X\$ 9= | | OR | X\$18= | |
| Independent • | Minus | 1000 | • . | X43= | | . | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | OR | +290= | |
| | | | | +145= | 4 | OR | | |
| | | | | ADDIT. FE | لبساة | OH . | DOIT, FEE | |
| | umn 1) AMS I | (Columb | | ነ | | _ | - | |
| REA | IAINING FTER NOMENT | NUMBE PREVIOU PAID FO | ISLY EXTRA | RATÉ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FRE |
| Total • Independent • | Minus | - | • | X\$ 9= | | OR | X\$18= | |
| independent - | Minus | | | X43= | | OR - | X86= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | E | +290= | |
| If the "Highest Number Pri "If the "Highest Number Pr | eviously Pald For II | THIS SPACE IS N | ess than 20, enter "20 | ADDIT. FEE | | DR AC | TOTAL DIT. FEE | |
| The 'Highest Number Pre | viously Paid For (To | otal or Independent |) is the highest numb | er found in the s | propriate box | n colum | nn 1. | |